

(4)
8-8-01
Sc

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Ashcroft
U.S. Attorney General
Room 511, Main Justice Bldg.
10th & Constitution Ave.
Washington, DC 20530

COMPLETE THIS SECTION ON DELIVERYA. Received by (Please Print Clearly) **JUSTICE** B. Date of Delivery

C. Signature

X JUL 24 2001

- Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

- No

2. Article Number (Copy from service label)

7000 0520 0023 0166 3586

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

FILED
HARRISBURG, PA

AUG 07 2001

MARY E. D'ANDREA, CLERK
Per

1-CV-01-1150

S.Cause O.

7-19-01

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Warden
LSCI-Altoona
PO Box 1500
White Deer, PA 17887

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

7/23

C. Signature

X 7/23/01

- Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

- No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number (Copy from service label)

7000 0520 0023 0166 3609

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Martin Carlson
P.O. Box 11754
Harrisburg, PA 17108

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

JUL 23 2001

C. Signature

X Eric Carlson

- Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

- No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number (Copy from service label)

7000 0520 0023 0166 3593

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952